

# **New and Revised Operational Guidelines as presented on May 27, 2021**



STATE OF ALABAMA DEPARTMENT OF MENTAL HEALTH  
Division of Developmental Disabilities  
RSA Union Building  
100 North Union Street, Suite 486  
P.O. Box 301410  
Montgomery, AL 36130-1410

## Table of Contents

Support Coordination (Case Management).....	3
4.8. Support Coordination Guideline .....	3
Provider Requirements and Other Information .....	12
5.10. Direct Service Provider Operational Requirements.....	12
Quality Management .....	19
6.1. Certification Review Process.....	19
6.2. Provider Training and Technical Assistance.....	24
Waiver Service Guidance .....	27
8.1. IRBS's.....	27
8.1.c. IRBI Completion and Workflow .....	27

## Support Coordination (Case Management)

### 4.8. Support Coordination Guideline

**Responsible Office:** Support Coordination Services

**Reference:** Alabama Administrative Code 580-5-30, Support Coordination Quality Review and Certification Standards, OG 4.7 Conflict Free Support Coordination/Case Management Services, AC 580-1-2 Administrative standards for 310 Boards, Support Coordination Scope of Service, Chapter 580-3-26, OG 7.3 Comprehensive Support Systems CSS Teams.

**Effective:** October 1, 2020

**Revised:** May 1, 2021

**Statement:**

**Purpose/Intent:** The purpose of this policy is to provide direction and information on Support Coordination operational requirements and procedures. Support Coordination operations will conform to all applicable Federal and State Medicaid Waiver and Home and Community Based Services Setting rules.

**Scope:** DDD HCBS Waiver Service Providers; ADMH-DDD Central Regional Offices; Support Coordinator Services

**Definitions:**

**Procedures:**

1. **Support Coordination Agency Operational Requirements:** The following operational requirements are established for all Support Coordination Agencies.
  - a. Support Coordination Agencies will comply with the operational requirements found in the Scope of Service. (*FY21 Contract: EXHIBIT DD-4 TCM: Scope of Service – Support Coordination Agency ID/LAH Waivers*)
  - b. Support Coordination Agencies will comply with the Administrative Standard for 310 Boards found in AC 580-1-2.
  - c. Support Coordination Agencies will provide conflict free Support Coordination/Case Management services in accordance with HCBS Setting Rule.
  - d. Support Coordination Agencies will have written policies and procedures for recruiting and hiring staff in accordance with all applicable laws and meet requirements outlined in AC 580-5-30.
2. **Support Coordination Qualification and Training Requirements:** The following education and trainings required to be a Support Coordinator:
  - i. Possess a bachelor's degree in a human services field: Preference should be given for experience working with individuals with intellectual individuals and/or working in support coordination, case management, or roles with similar responsibilities. Human Service field includes the following

disciplines: Social Work, Psychology, Criminal/Juvenile Justice, Special Education, Sociology, Speech Education, Rehabilitation, Counseling, Speech Pathology, Audiology, Nursing, Physical or Occupational Therapy, and any related academic disciplines associated with the study of Human Behavior, Human Skill-Development, or Basic Human Care Needs. (ID/LAH Waiver: Appendix D)

- ii. Support Coordinators must complete a Support Coordination training program approved by DDD and the Alabama Medicaid Agency within six (6) months of beginning employment unless training is needed before the staff can safely provide the service. (Scope of Service Section 5.5)

**3. Effective Person-Centered Planning Practices:** The following practice are established for all Support Coordination Agencies

- a. Use of most integrated setting:
  - i. Service selection, as part of identifying strategies to achieve the individual's desired life and defined outcomes during the individual's person-centered planning process, will focus on community-based service options prior to exploration of residential placement or facility-based services.
  - ii. Service delivery includes paid and unpaid services and supports by waiver and/or other service providers (e.g., Medicaid State Plan providers, ADRS providers, special/general education provider, and generic community service providers), friends, family, and other natural support networks.
- b. Support Coordinators will assist people with maintaining eligibility for the waiver and provide education and support as needed.
- c. Assessment resources and procedures:
  - i. Support Coordinators will utilize assessment and planning resources and procedures approved by DMH-DDD.
    - Resources, procedures, and other training information are listed on the ADMH website: <https://mh.alabama.gov/training/>
  - ii. Support Coordination Agencies will conduct assessments using person-centered and strength-based approaches involving: the individual in all assessment activities; exploration (with the individual) of preferences and what works well for the person, identification of the individual's own strengths and other positive attributes, and encouragement of self-determination and self-direction. (see SC Guideline Appendix 1)
  - iii. Assessments will be completed with the individual and, as applicable, their legally authorized representative, within 30 days of enrollment in the Waiver program and thereafter as appropriate to the individual, but at least annually.
    - Any identified initial health and safety concerns will be addressed within 14-days of waiver program enrollment.

- iv. Assessment documentation will include the individual's desired outcomes, in their own words, and capture the exploration of hopes and dreams from the assessment conversation.
- v. Assessment documentation will include the agreed strategies to achieve the individual's desired outcomes and meet the individual's assessed needs related to these outcomes that will appear on the person-centered plan noting how the strategies will be implemented (including in what settings the individual selected) by the individual, natural support network, community supports, and paid services and supports.
- vi. Assessment documentation will include exploration and determination of back-up and contingency plans for situations where identified supports associated with the defined strategies are not available, and these back-up and contingency plans will appear on the person-centered plan.
- vii. The Support Coordinator will use assessment information to create a draft person-centered plan.
  - Support Coordinators will recognize all individuals possess unique abilities and attributes that contribute to the achievement of their goals and independence.
  - Person-centered plans will document the strategies agreed by the individual from the assessment process noting how the strategies will be supported by the individual, natural support network, community supports, and paid services and supports, along with the frequency of support, units of support, and cost per unit of support.
  - Assessment and Person-Centered Planning will focus on the combination of the individual's strengths, needs, and community of supports in determining strategies to compliment and assist in the attainment of goals for each individual to live his/her best life, as defined by the individual after exposure to all options and support for informed choice.
  - Planning needs to address all person identified, desired outcomes incorporating strengths and capacities to build on and barriers to be overcome
  - Planning will address Support Coordinator or other clinical professional identified risks associated with not utilizing/building on strengths, risks identified with not overcoming barriers to desired life and outcomes, and other risks that may be identified by the Support Coordinator or other clinical professionals.
  - If a person does not agree or recognize one or more risks identified by the Support Coordinators or other clinical professionals, Support

Coordinators will follow the Risk Management direction found in section 2.h of this policy.

- viii. A Team Meeting will occur, including the person, and legal representative if applicable, to review, discuss and finalize all aspects of the Person-Centered Plan.
    - Members of the Team, invited to the Team Meeting, will receive a copy of the draft person-centered plan before the Team Meeting.
    - Person-centered plans will be finalized with the person and, as applicable their legally authorized representative within 60 days of enrollment in the Waiver program and thereafter updates as appropriate to the individual, but at least annually.
  - ix. The person-centered plan is a living document, therefore changes occurring within the review period will be updated in real time within the assessment and plan. Person-centered assessments and plans, and updates to the assessments and plans, will be signed, and dated by the person, their legally authorized representative, the provider(s) responsible for implementing strategies, and the Support Coordinator.
  - x. Signed completed person-centered assessments and plans will be sent to providers.
- d. Re-assessment and Monitoring:
- i. Support Coordinators will assess and document progress as needed, but at least every 90 calendar days and document within the person-centered assessment/plan and progress notes. This includes a check-in with the provider and the person.
  - ii. Support Coordinators will annually assess and document updates to the person-centered plan and assessment, minimally completing the re-assessment section in ADIDIS.
- e. Back-up and contingency planning:
- i. Assessment and planning documentation will include back-up and contingency exploration for situations where supports of identified strategies are not available.
  - ii. Support Coordinators will report lack of supports for a service to the appropriate Regional Office.
  - iii. Support Coordinators will work with the appropriate Regional Office to build capacity for this service.
  - iv. Support Coordinators will research existing providers and explore the possibility of providing the service to support the individual.
  - v. Coordinators will ensure a short-term plan of care is developed in accordance with person-centered planning practices to support individual's receiving temporary respite supports. The short-term plan will outline what goals will

be achieved, what individual's preferences, strengths, and needs are, and their back-up plan.

- f. **Promotion and** Protection of Individual Rights and preventing abuse of individuals:
- i. Support Coordinators will implement operational practices that promote and protect the rights of individuals as defined by all applicable Federal and State of Alabama regulations, laws, acts, and other legal authority.
  - ii. Support Coordinators and the provider agency will participate in a discussion at the annual meeting to ensure people are informed of their rights. The Support Coordinator documents the conversation and provide a copy of the Rights & Responsibilities form to the provider agency.
  - iii. Support Coordinators will work with providers and communities to ensure people have meaningful work and activity choices. These choices should encourage and promote age-appropriateness, a positive self-image, and consider the person's cultural background and/or preferences. 580-5-30
  - iv. Support Coordinators will implement operational practices to ensure individuals receive only the level of support needed for the individual to make their own decisions, including assisting the individual to advocate for themselves.
  - v. Support Coordinators will provide individuals and their legally authorized representatives an oral and written summary of their rights and responsibilities and how to exercise those rights and responsibilities.
  - vi. Support Coordinators will maintain practices for due process, including review and documentation, in the event of a proposed restriction of an individual's rights.
  - vii. Support Coordinators will provide education and/or resources on voter registration and the voting process to people age eighteen or older that express interest and assists with registering and voting, as needed.
  - viii. Support Coordinators obtain written informed consent from the individual or their legally authorized representative prior to
    - any intrusive medical or behavioral intervention,
    - participation in research, and
    - sharing information about the individual
  - ix. Materials presented to individuals or their legally authorized representative is provided in language the individual can understand.
  - x. Support Coordinators provide individualized supports/services that are free from discrimination by race, gender, age, language, ethnicity, disability, religion, sexual orientation, or financial circumstances.

- g. Fraud, waste, and abuse:
  - i. Support Coordinators will comply with all provisions of Chapter 560-X-4.04 and Chapter 560-X.4.05.
  - ii. Support Coordinators will monitor the person's financial situation and ensure individuals are not paying for anything covered by a waiver service.
- h. Behavioral Support Plans:
  - i. If appropriate, individuals have a Behavior Support Plan that reduces, replaces, or eliminates specific behaviors and are implement according to DMH-DDD's Behavioral Services Procedural Guidelines.
    - Behavior Support Plans are created by the provider agency. The provider agency will submit a copy of the Behavior Support Plan to the Support Coordinator to be documented within the Person-Centered Assessment and Plan.
    - Support Coordinator will document any restrictions or need for restraints in the Person-Centered Assessment and Plan
    - Changes to the Behavior Support Plan are made and implemented by the provider agency with the agreement of all team members.
  - ii. Behavior Support Plans are approved by the Support Team.
    - Behavior Support Plans with level 2 or 3 procedures are reviewed and approved by the Behavior Review Committee, the Human Rights Committee, and the individual or individual's legally authorized representative.
  - iii. Behavior Support Plans are reviewed at least quarterly, or more frequently as required by the individual's needs, for effectiveness and appropriateness.
  - iv. Highly intrusive behavior interventions or punishment for the convenience of staff or in lieu of a Behavior Support Plan are not permitted.
- i. Crisis planning and intervention:
  - i. Support Coordinators will follow the CSS Team operation guideline found in OG 7.3.
- j. Risk Management:
  - i. Every person has the right to make informed decisions of their choosing necessary for individual growth and development. Service Coordinators will support dignity of choice and risk, allowing for self-determination related to reasonable risks of personal choices.
  - ii. The assessment, development, planning and implementation of risk mitigation strategies are discussed and agreed upon by all team members at the annual meeting.
  - iii. Support Coordinators are responsible for:
    - Identifying and evaluating potential positive and negative risks associated to choices made by the individual.



- Identifying the person's tolerance for accepting and taking that associated risk related to the person's goals and preferences.
- Development and communication of risk strategies for choices the person determines are worth accepting and taking.
- Identifying methods and processes to monitor the effectiveness, updates, and continued use of risk mitigation strategies.
- Documenting the risks identified and risk mitigation strategies for each individual as part of the person-centered assessment and plan.

**k. Natural Support Networks:**

- i. Support Coordinators ensure there are a variety of methods for helping people stay connected to their natural supports.
- ii. Support Coordinators will work with provider agencies to identify strategies to meet the desired level of contact with natural supports identified during the person-centered planning conversations.
- iii. Support Coordinators ensure the person is provided education to develop and/or improve skills to support people's communication with natural supports, especially families and friends.

**l. Conflict of interest:**

- i. Support Coordinators will avoid conflicts of interest that interfere with the timely and effective assessment, planning, and support of people enrolled in waiver programs.
- ii. At a minimum, Support Coordinators and provider agencies will adhere to the Conflict Free Support Coordination/Case Management Services outlined in Scope of Service section 2.1.

- 4. Collaboration:** Support Coordinators will collaborate with service and agency providers to identify, assessment, implement person-centered plans and community resources to enhance service options, and document such within the Person-Centered Assessment and Plan.
- a. Support Coordinators will maintain knowledge of applicable waiver service options, community resources, and person's natural supports.
  - b. Support Coordinators will identify gaps in contracted service capacity for improvement and development.
  - c. Support Coordinators will address any environmental and safety concerns with provider agencies and ensure education is provided to the individual on how to mitigate any safety concerns.
  - d. Support Coordinators will share pertinent information regarding the individual's support needs, including medical care, safety concerns, etc. with all applicable Support Team members.
  - e. Support Coordinators will partner with paid and unpaid service providers to identify opportunities for innovative practices to implement person-centered planning.

- f. Support Coordinators will monitor the implementation of person-centered plan strategies and partner with providers to improve effectiveness and address any training gaps.

**5. Documentation Best Practices: \\ Under Construction**

**Appendix 1:** For Self-Directed Support, the Support Coordinator is responsible for completing the assessment.

<b>Current Form/ Process</b>	<b>Provider Responsibility</b>	<b>SC Responsibility</b>
* Functional Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings for assistance with ADLs and IADLs within the barriers (core issues) section of each domain as appropriate within the PCP
Nursing Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Overall Health subsection of the Healthy Living Domain
*Financial Assessment or Money Management Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Finances subsection of the Community Living Domain
Fall Risk Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Safety subsection of the Community Living Domain
Behavior Support Plan	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the MH & AODA subsection of the Healthy Living Domain
Medication Reduction Plan or Psychotropic Medication Plan	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Medications subsection of the Healthy Living Domain
*Safety Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Safety subsection of the Community Living Domain
*Rights Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Exercising Rights subsection of the Self-Determined Domain
Key Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Access to Possessions subsection of the Community Domain
Lease Contract	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Living Situation subsection of the Community Living Domain

This list is not all-inclusive, provider agencies should continue to follow current approved administrative standards.

\*These documents are always required regardless of services received.

## Provider Requirements and Other Information

### 5.10. Direct Service Provider Operational Requirements

**Responsible Office:** Support Coordination (Case Management)

**Reference:** Alabama Administrative Code 580-5-30, 580-1-4, 580-3-2, 580-2-5, 580-3-22, 580-3-23, 580-3-26, OG 4.7 Conflict Free Support Coordination/Case Management Services, OG 7.3 Comprehensive Support Systems CSS Teams.

**Effective:** May 1, 2021

**Statement:** Person-Centered Planning invites everyone to organize the person's supports and services, so they can live the kind of life they want for themselves.

**Purpose/Intent:** The purpose of this guideline is to provide direction and information on non-support coordination agency provider roles. Providers will conform to all applicable Federal and State Medicaid Waiver and Home and Community Based Services Setting rules.

**Scope:** Support Coordinator Services, ADMH-DDD Central/Regional Offices

**Definitions:**

**Procedures:**

1. **Provider Agency Operational Requirements:** (See the Assessment Tool for Certification and Operational Guideline) The following operational requirements are established for all Provider Agencies to support person-centered planning practices.
  - a. Promotion and Protection of Individual Rights:
    - i. The provider agency implements policies and procedures that clearly define its commitment to and addresses the promotion and protection of individual rights.
    - ii. The provider agency participates in the discussion at the annual meeting to ensure people are informed of their rights. The Support Coordinator documents the conversation and provides a copy of the Rights & Responsibilities form to the provider agency.
    - iii. The provider agency provides individualized supports/services that are free from discrimination (race, gender, age, language, ethnicity, disability, religion, sexual orientation, or financial circumstances).
    - iv. The provider supports individuals to make their own decisions about their supports and services and ensure decision-making supports are provided to people as needed.
    - v. The provide ensures all staff are trained to recognize and honor people's rights.
    - vi. The provider agency upholds due process requirements and follows applicable procedures
    - vii. The provider agency implements a formal grievance policy and procedure and informs individuals of the policy annually.

- viii. The provider agency has access to a working and effective Human Rights Committee.
- b. Dignity and Respect:
  - i. Provider agency policies and procedures ensure people are treated as people first.
  - ii. Provider agency respect people's concerns and have a system in place to respond to any concerns accordingly.
  - iii. Provider agency ensure people have privacy
  - iv. Providers ensure all supports and services enhance dignity and respect
  - v. Providers work with Support Coordinators and communities to ensure people have meaningful work and activity choices
- c. Protection from Abuse, Neglect, Mistreatment and Exploitation
  - i. The Provider agency implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation and ensure support staff are properly trained.
  - ii. The Provider agency follows reporting and investigation requirements, including notification to Support Coordination agencies, for allegations or suspected incidents of physical, verbal, sexual or psychological abuse, mistreatment, neglect or exploitation regardless of age.
- d. Best Possible Health:
  - i. Provider agency ensures people have support and access to manage their own health care.
  - ii. Provide agency ensures health needs are addressed in a timely manner.
  - iii. Provider agency staff immediately recognize and respond to medical emergencies and inform Support Coordinators about any changes in health status
  - iv. Provider agency ensures people receive medications and treatments safely and effectively.
  - v. Provider agency has policies and procedures that are in accordance with the Alabama Board of Nursing Regulations.
- e. Safe Environments:
  - i. The provider agency provides individualized safety supports as outlined within the PCP.
  - ii. The provider agency protects people from abuse, neglect, mistreatment, and exploitation and follows all procedures within the Incident Prevention Management System (IPMS).
  - iii. The provider agency ensures the physical environment promotes people's health, safety, and independence.
  - iv. The provider agency has individualized emergency plans.
  - v. The provider agency conducts routine inspections to ensure environments are sanitary and hazard free.

- vi. The provider agency ensures staff are qualified for their roles and implements an ongoing staff development program.
- f. Staff Resources and Supports:
  - i. The provider agency ensures staff are trained on Quality Improvement, PCP foundations, and PCP implementation strategies.
  - ii. The provider agency implements a system for staff recruitment and retention that is in accordance with all applicable laws and agency requirements.
  - iii. The provider agency implements policies and procedures that promote continuity and consistency of staff.
- g. Positive Services and Supports:
  - i. The provider agency ensures people are informed about the services and supports they provide.
  - ii. The provider agency provides continuous and consistent services and supports for each person as outlined in the PCP.
  - iii. The provider agency monitors and reports the effectiveness of each support and service they provide as outlined within the PCP.
  - iv. The provider agency provides positive behavioral supports to people and ensures people are free to unnecessary, intrusive interventions.
  - v. The provider agency treats people with psychotropic medications for mental health needs consistent with standards of care.
- h. Continuity and Personal Security:
  - i. The provider agency has a governing board and leadership team that provides transparent guidance and direction
  - ii. The provider agency has clear mission and value statements aligned with person-centered planning philosophy they are accountable to.
  - iii. The provider agency supports people to manage and access their personal money and reports details about how money was spent to the Support Coordination agency.
  - iv. The provider agency has business, administrative, and support functions that comply local, state, federal requirements.
  - v. The provider agency has a cumulative record of personal information that upholds confidentiality and promotes continuity of services.
- i. Quality Improvement System:
  - i. The provider agency has a comprehensive plan and system outlined to measure the success of the organization in meeting its desired outcomes and the outcomes outlined within the Quality Improvement Tool.
  - ii. The provider agency has monitoring data that is accessible and used for continuous learning and improvement.
- j. Conflict of interest:
  - i. Provider agencies have a conflict-of-interest policy and procedure.

- ii. Provider agency staff will avoid conflicts of interest that interfere with the timely and effective assessment, planning, and support of individuals who receive services from their agency.
- 2. **Effective Person-Centered Planning Practices:** The following practices are established for all Provider Agencies in collaboration with the Support Coordinator:
  - a. Use of most integrated setting as documented in the Person-Centered Plan:
    - i. As part of identifying strategies to achieve the individual's desired life and defined outcomes during the individual's person-centered planning process, will focus on community-based service options prior to exploration of residential placement or facility-based services.
    - ii. Service delivery includes paid and unpaid services and supports by waiver and/or other service providers (e.g., Medicaid State Plan providers, ADRS providers, special/general education provider, and generic community service providers), friends, family, and other natural support networks.
  - b. Assessment resources and procedures:
    - i. Provider agencies will utilize assessment and planning resources and procedures approved by DMH-DDD. A list of the documents required to be completed is listed in Appendix 1 below. All forms listed are to be completed, as applicable, to each person/situation and will be provided to the Support Coordinator one week prior to the PCP meeting for discussion at the meeting.
      - Resources, procedures, and other information related to the Providers role and the Support Coordinator's role in person-centered planning are listed on the ADMH website: <https://mh.alabama.gov/training/>
    - ii. Providers Agencies will provide information in a strength-based way to the Support Coordination agencies during the person-centered planning discussions.
    - iii. Providers will be an active participant in person-centered planning conversations and attend the Team Meeting. They will provide information during the initial 30 days a waiver participant is enrolled, every time there is a change in condition, and minimally every 90 days after that.
      - If the plan is not available, the provider agency must show documented evidence of efforts to obtain the documentation.
    - iv. Providers will provide information to support the person-centered planning process to the Support Coordination agency including:
      - Any information to identify a person's outcomes, hopes, or dreams
      - All possible strategies to achieve an individual's desired outcomes and how those strategies will be implemented by the individual, natural support network, community supports, and paid services and supports.
      - Information to support back-up or contingency planning should any services or supports be unavailable for any reason.
      - All assessment forms as applicable to each person/situation one week prior to the PCP meeting for discussion at the meeting.

- Any other information they have related to personal or health information from outside sources.
- v. Within 30 days after the Person-Centered Plan has been completed, a copy of the person-centered plan and assessment will be provided to the provider agency. The provider will sign the person-centered plan and return a copy to the Support Coordination agency. The provider will implement the agreed upon strategies, including but not limited to the person-centered plan. The provider will report progress towards goals at least every 90 days.
- c. Natural Support Networks:
  - i. Provider agencies ensure there are a variety of methods for helping people stay connected to their natural supports.
  - ii. Provider agencies will work with the Support Coordinator to identify strategies to meet the desired level of contact with natural supports identified during the person-centered planning conversations.
  - iii. Provider agencies ensure staff and volunteers are provided training to develop and/or improve skills to support people's communication with natural supports, especially families and friends.
- d. Behavioral Support Plans:
  - i. If appropriate, individuals have a Behavior Support Plan that reduces, replaces, or eliminates specific behaviors and are implemented according to DMH-DDD's Behavioral Services Procedural Guidelines.
    - Behavior Support Plans are created by the provider agency in partnership with the Support Coordinator and documented within the Person-Centered Assessment and Plan.
  - ii. Behavior Support Plans are approved by the individual's Support Team.
    - Behavior Support Plans with level 2 or 3 procedures are reviewed and approved by the Behavior Review Committee, the Human Rights Committee, and the individual or individual's legally authorized representative.
  - iii. Behavior Support Plans are reviewed at least quarterly, or more frequently as required by the individual's needs, for effectiveness and appropriateness.
  - iv. Highly intrusive behavior interventions or punishment for the convenience of staff or in lieu of a Behavior Support Plan are not permitted.
- e. Crisis planning and intervention:
  - i. Provider agencies will follow the CSS Team operation guideline found in OG 7.3.
- f. Risk Management:
  - i. Every person has the right to make informed decisions of their choosing necessary for individual growth and development. Provider agencies will support dignity of choice and risk, allowing for self-determination related to reasonable risks of personal choices.
  - ii. Provider agencies are responsible for:



- Identifying and evaluating potential positive and negative risks associated to choices made by the individual.
- Identifying the person's tolerance for accepting and taking that associated risk related to the person's goals and preferences.
- Development and communication of risk strategies for choices the person determines are worth accepting and taking.
- Identifying methods and processes to monitor the effectiveness, updates, and continued use of risk mitigation strategies.
- Communicating any risks identified and risk mitigation strategies for each individual to the Support Coordinator as part of the person-centered assessment and plan.

3. **Collaboration:** Provider agency staff will collaborate with Support Coordinators and other service providers to identify, assess, and implement person-centered plans and community resources to enhance service options.

- a. Provider agencies will partner with paid and unpaid service providers to identify opportunities for innovative practices to implement person-centered planning.
- b. Provider agencies will monitor the implementation of person-centered plan strategies and partner with Support Coordinators and other providers to improve effectiveness and address any training gaps.

#### Appendix 1:

Current Form/ Process	Provider Responsibility	SC Responsibility
* Functional Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings for assistance with ADLs and IADLs within the barriers (core issues) section of each domain as appropriate within the PCP
Nursing Assessment (include self-administration of medication)	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Overall Health subsection of the Healthy Living Domain
* Financial Assessment or Money Management Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Finances subsection of the Community Living Domain
Fall Risk Assessment (may be part of nursing assessment)	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Safety subsection of the Community Living domain

Behavior Support Plan	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the MH & AODA subsection of the Healthy Living Domain
Medication Reduction Plan or Psychotropic Medication Plan	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Medications subsection of the Healthy Living Domain
* Safety Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Safety subsection of the Community Living Domain
Key Assessment	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Access to Possessions subsection of the Community Living domain
Lease Contract	Complete and submit to SC	Uploads assessment into ADIDIS and summarizes findings within the Living Situation subsection of the Community Living domain

This list is not all-inclusive list, provider agencies should continue to follow current approved administrative standards. Providers will also provide a summary of the physical results, including Aims.

\* These documents are always required regardless of services received. For Self- Directed Supports, the Support Coordinator is responsible for completing these forms.

## Quality Management

### 6.1. Certification Review Process

**Responsible Office:** Quality and Planning/Certification

**Reference:** Administrative Code 580-5-30

**Revised:** May 5, 2021

**Statement:** This process is to guide certification staff in assessing community providers' success in providing quality services and supports.

**Purpose/Intent:** To provide the process for certification of community providers of services to people with developmental/intellectual disabilities.

**Scope:** DDD HCBS Waiver Service Providers; Support Coordinator Services; ADMH-DDD Central/Regional Offices

**Definitions:** Factor- The main topic in the administrative and support requirements for community providers of services. Indicator-Used to set expectations for each factor. Probe-Used to evaluate how well the organization meets each indicator.

**Procedures:**

**It is strongly recommended providers complete a self-assessment using the "Assessment Tool for Certification," prior to the review. This will enable providers to evaluate their own positions in regard to the standards and provide an opportunity to gather materials pertinent to the review.**

**Important Notice: In an effort to provide due diligence in ensuring ADMH Division of Developmental Disabilities (DDD) is in full compliance of regulatory requirements related to the Home and Community-Based Services (HCBS) Settings Rule, as evidenced by its ongoing provider self-assessments, validation, and transition to compliance requirements process, DDD is suspending approval of any new requests for deemed status at this time. In consideration of the CMS requirement to continue to ensure HCBS Settings compliance, the Division will assess the merits of removing the suspension of deemed status at a later date, but not before March 2023, the date all states must be in full compliance with the HCBS Settings Rule.**

1. One month prior to the review, the agency will be requested to submit a roster of all individuals receiving services through the organization, with demographic and other information pertinent to the review.
2. The Certification Staff will select a sample of people supported to use during the review.
  - If the population of the organization is 30 or less, the sample will be 2 people.
  - If the population of the organization is 31-60, the sample will be 3 people.
  - If the population is more than 60 people, the sample will be 5% up to a maximum of 15 people.

3. The Certification Staff reserves the right to increase the interview sample to better represent the population being supported by the organization.
4. Approximately one week prior to the review, the Certification Staff will notify the provider of people identified for the sample.
5. Provider staff will contact those individuals and arrange for interviews, reviews of records pertaining to those people, and follow-up conversations with staff who know them well.
6. The Certification/Quality Enhancement Staff will conduct a Personal Outcome Measures interview with each person in the sample.
7. The Certification Staff will conduct record reviews of each person in the sample. The staff will review assessments, medication administration records, person-centered planning documents, and other records to validate the organization's systems and practices.
8. Settings reviewed by Certification Staff will represent all types of settings in which services are provided by the organization and complement the persons to be interviewed. Certification Staff reserve the right to visit any setting in which services are provided receiving services.
9. Each organization will be assessed in the areas of:
10. Factor One: Rights Protection and Promotion
11. Factor Two: Dignity and Respect
12. Factor Three: Natural Support Networks
13. Factor Four: Protection from Abuse, Neglect, Mistreatment and Exploitation
14. Factor Five: Best Possible Health
15. Factor Six: Safe Environments
16. Factor Seven: Staff Resources and Supports
17. Factor Eight: Positive Services and Supports
18. Factor Nine: Continuity and Personal Security
19. Factor Ten: Quality Improvement System
20. Factor Eleven: Other Requirements Supporting Protection, Health and Safety
21. Factor Twelve: Personal Care, Companion, Respite and Crisis Intervention Services, and Supported Employment Services at an Integrated Worksite (non-congregate services)
22. Factor Thirteen: Support Coordination Standards
23. (Factors 12 and 13 only if those services are provided)
24. The criteria for Factors Four- Protection from Abuse, Neglect, Mistreatment and Exploitation, Five- Best Possible Health, and Six- Safe Environments is set at 100%. The system and practice for all Indicators in each Factor must be present to meet the 100% mark. Additional requirements in these areas are captured in Factor Eleven, which is scored differently.
25. For Factors One, Two, Three, Seven, Eight, Nine, Ten, Eleven, Twelve, and Thirteen, each Factor is composed of several Indicators. Each of the Indicators in Factors One through Three and Seven through
26. Thirteen are assessed and a rating made on one of the following criteria:
27. Action Required (AR)-Incomplete planning and action.
28. Progress Noted (PN)-Planning and action has occurred with evidence of partial results.
29. Effective Results (ER) -Actions are demonstrating the desired results.

30. Probes, correlating with the requirements in Chapter 580-5-30, Intellectual Disabilities Services, are included in this Assessment Tool as a means of discovering information about the Indicators and making rating decisions. They are not scored separately but are used to gather information to support the decision about whether the Indicator is being met satisfactorily.
31. The reviewer will decide about each indicator based on the information gathered through conversation, spending time with people, and review of documents. The reviewer will evaluate compliance with requirements within the indicator and then make a final determination about the indicator based on a preponderance of the information gathered. The reviewer will note Supporting Information for all Indicators rated "Action Required" (AR) and for those individual standards within Indicators rated "Progress Noted" (PN).
32. Each organization will be subject to the requirements in Factors and Indicators (Exhibit 6.1) based on the types of services provided (see chart following this discussion). The total number of the Indicators applicable for that organization is multiplied by 80% to determine the required number of met Indicators for a One Year Certification and 90% for a Two-Year Certification. Rounding is applied to the nearest whole number, with .5 being rounded up. Individual Indicators determined by the reviewer to be not applicable will be deleted from the total Indicators required for that organization and this will be factored into the scoring.
33. The organization's indicator rankings are added together to obtain the total number of indicators meeting the "Progress Noted" (PN) and/or "Effective Results" (ER) status.
34. If the organization does not meet the 100% criteria for Factors Four, Five and Six, AND/OR does not meet the minimum of 80% on other applicable Indicators, the organization will be determined not in substantial compliance with standards and will not be certified. The organization may be placed on Provisional Certification Status for up to sixty (60) days, and a Plan of Action to address Indicators rated "Action Required" and "Progress Noted" must be submitted to the Office of Certification Administration within thirty (30) days from receipt of the letter from that Office. Timeframes to come into full compliance with the indicators must be included in the Plan of Action. Failure to submit the Plan of Action within the time period specified may result in the immediate decertification of the organization's programs. Prior to the expiration of Provisional Certification status, the programs will undergo a follow-up site certification review to determine future certification status. If the organization fails to come into full compliance during the follow-up site review, the Provisional Certification will be extended, and a new Plan of Action may be required. Continued failure to come into full compliance may result in a recommendation for Decertification to the Commissioner.
35. If the organization does not meet the 100% criteria for Factors Four, Five AND/OR Six, the organization will be required to participate in mandatory training from the Regional Community Services Office relating to the area(s) cited. Failure to participate may result in immediate decertification of the organization's programs.
36. If the organization meets the 100% criteria for Factors Four, Five and Six, AND receives either PN or ER on a minimum of 80% of the other applicable Indicators, the organization is certified for one year and a Plan of Action to address Indicators rated "Action Required" and "Progress

Noted” must be submitted to the Office of Certification Administration within thirty (30) days from receipt of the letter from that office.

37. If the organization meets the 100% criteria for Factors Four, Five and Six, AND receives either PN or ER on a minimum of 90% of the other applicable Indicators, the organization is certified for two years.
38. Certification Staff will review policies and procedures of the organization that provides information about systems and practices. Targeted interviews will focus on the specific reason the person was selected.
  - Someone who has been involved in a recent allegation of mistreatment
  - Someone who has filed a grievance/complaint
  - Someone who has agreed to a restrictive intervention/rights limitation
  - Someone who has had a reportable incident in the last three months
  - Someone who has had an emergency room trip or hospitalization
  - Someone who has significant health care supports
  - Someone who has a modified diet (preferably texture)
  - Someone who is new to service
  - Someone who has consented to research

Others will be reviewed to gain information about specific organizational practices. The Certification Staff may select people from this list as part of the representative sample or as additional people to have conversations about specific issues. However, this list is not exhaustive and/or mandatory. The selection of people for targeted interviews is tailored to meet the characteristics and needs of each organization.

39. The Certification Staff will have additional conversations with direct support staff, professional staff and others to gather information about the organization’s systems and practice and may also review additional documentation about the topic of interest.
40. In the course of spending time with people, targeted interviews or review with people selected to be in the sample, the Certification Staff may ask questions of other people supported.
41. The Certification Staff may have a conversation with at least one family member/advocate/legally authorized representative. The selected person may be someone who is present during the review, related to someone in the sample, or someone who the Certification Staff has identified as someone who will be able to provide information helpful in reviewing the organization’s systems and practices or it might be someone recommended by the organization.
42. The Certification Staff will review records for a sample of personnel, which will include staff providing services to people in the sample. The number varies depending on the amount of information needed to validate the organization’s practices. Generally, the sample size will be 10% but no less than 6 people and no more than 30 people.
  - Direct Support Staff
  - One person who has been employed 3 to 6 months.
  - One person who has been employed more than one year.
  - Professional Staff Examples (as applicable)
    - Nurse

- QDDP
- Support Coordinator

43. The Certification Staff will have conversations with organization leaders about the systems and practices. Some questions will be focused on specific systems like the Human Rights Committee, Safety, Quality Assurances/Quality Improvement System monitoring, or facilitation of individualized goals and objectives identified in the Person-Centered Plan. Other conversations will be more general about policies or practices of the organization.

44. At the closing meeting, the Certification Staff will provide general feedback about their findings. In addition to members of the organization undergoing the certification review attending the closing meeting, findings relating to Person Centered Plans may require attendance by the leadership of the Support Coordination Agency and the ADMH Support Coordination Liaison. Person-Centered Planning should be a collaborative effort that ensures a comprehensive plan, unique to the individual served, is developed. Opportunities ensuring Direct Support providers and Support Coordination Agencies work collaboratively to identify individualized support needs, must be evident during the certification review. The ADMH Support Coordination Liaison should be available to develop a Technical Assistance Plan for the Support Coordination Agency that ensures a comprehensive Person-Centered Assessment is available for provider implementation.

## 6.2. Provider Training and Technical Assistance

**Responsible Office:** Quality and Planning

**Reference:** ADMH Administrative Code 580-5-30-.11; **Assessment Tool for Certification Reviews**

**Revised:** April 23, 2021

**Statement:** Quality Enhancement specialists provide training and technical assistance to community provider organizations in various system areas as required by the Division of Developmental Disabilities.

**Purpose/Intent:** This procedure sets out to identify areas in which service providers may need assistance with agency-specific processes, training and the development of policies and procedures to improve the quality of individual and organizational supports.

**Scope:** These procedures apply to all DDD employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports to people with intellectual and developmental disabilities.

**Definitions:** **Quality Improvement System:** The internal monitoring system measures the most important elements and key functions of the organization. Data sources, methods for data collection and the type of data analysis to be performed are clearly identified for each function measured. Qualified Developmental Disabilities Professionals (QDDP) is a DD professional with at least one year of experience

working directly with persons with ID, holds a bachelor's degree in a human service field, and has completed a series of required training as referenced in the ADMH Administrative Code.

**Procedures:** Regional QE staff provide training and technical assistance in the following areas:

1. Quality Improvement System
  - a. Alabama, in partnership with CQL, re-designed and implemented new Administrative and Support Requirements for Community Providers of Services for People with Developmental Disabilities, **effective January 14, 2021.**
  - b. 580-5-30 requires that the organization has a system of internal monitoring that measures compliance with quality improvement and is designed to enhance quality.
    - i. The organization monitors Quality Improvement.
    - ii. A comprehensive plan describes the methods and procedures for monitoring **Quality Improvement.**
    - iii. Quality Improvement monitoring data is used for continuous learning and improvement.
2. QDDP Training
  - a. The Council on Quality and Leadership has developed these 9 training modules for human service providers in Alabama, in partnership with the Alabama Department of Mental Health/Division Developmental Disabilities. The curriculum can be accessed at <https://c-q-l.org/ALtraining>.
    - QDDP Overview
    - Health, Safety, and Medical
    - Overview of Assessments



- Know Your Rights
- Nurse Delegation
- Person-Centered Planning
- Administrative Code
- Incident Prevention and Management System
- Behavioral Support Planning

### 3. Incident Prevention and Management System

- a. Falls
- b. Medication Errors
- c. Abuse
- d. Neglect
- e. Exploitation
- f. Intimacy and Personal Relationships

### 4. Fatal Five

- a. Aspiration
- b. Bowel Obstruction
- c. GERD
- d. Seizures
- e. Infection/Sepsis

For additional training offerings, please see the Procedural Guidelines for Personal Outcome Measures and Person- Centered Thinking.

As an ongoing quality improvement initiative, the regional QE staff will identify trends through the review of quarterly incident reports that are submitted in Therap. Additional trends will be noted through routine monitoring conducted by regional community services staff. Finally, QE staff will have an opportunity to identify trends by conducting in-person Personal Outcome Measure (POM) interviews with people receiving services and the organizations that support those people and by attending certification exit meetings.

Based on training and TA needs, QE staff may announce services to community providers individually or collectively. Provider may also contact QE staff upon request to receive training and technical assistance. To request technical assistance or training, please contact the Quality Enhancement Specialist in your region:

#### **Region I Quality Enhancement Region I Community Services**

Phone: (256) 552-3712

Fax: (256) 355-0551

Cell: (256) 566-5729

**Region II Quality Enhancement Region II Community Services**

Phone: (205) 554-4309

Fax: (205) 554-4340

Cell: (205) 792-9427

**Region III Quality Enhancement Region III Community Services**

Phone: (251) 478-2770

Fax: (251) 450-3798

Cell: (251) 751-0139

**Region IV Quality Enhancement Region IV Community Services**

Phone: (334) 676-5584

Fax: (334) 676-5591

Cell: (334) 312-5637

**Region V Quality Enhancement Region V Community Services**

Phone: (205) 916-7764

Fax: (205) 916-7810

Cell: (205) 215-1384

## Waiver Service Guidance

### 8.1. IRBS's

#### 8.1.c. IRBI Completion and Workflow

**Responsible Office:** Administrative and Fiscal Operations

**Reference:** OG 4.2 Request for Action/Services, OG 7.2 Request for Action for Special Level of Staffing Restrictions

**Revised:** May 7, 2021

**Statement:** Party responsible for completion of IRBI and workflow after completion.

**Purpose/Intent:** To outline the responsible party for completion of IRBI, technical support available and workflow after completion.

**Scope:** DDD HCBS Waiver Service Providers

**Definitions:** IRBI (individualized residential budgeting instrument); DMH (Department of Mental Health); RFA (request for regional action)

**Procedures:** Residential providers will bear the responsibility of completing IRBIs on people served in residential settings when the individual is placed with the program and when any changes are needed in the IRBI for staffing coverage (to be approved through the RFA process). **The IRBI should reflect the individual's needs, as set forth in the person-centered plan.** If help is needed with completing the IRBI, the provider should contact the Fiscal Manager in their respective regional office. Regional Fiscal Managers will assist in the completion, given the request for staffing needs and absentee rate from the provider. The provider will then complete the IRBI and send it to their Regional Community Services Director. The director will check the IRBI to ensure it aligns with the context of the person-centered plan.

When approved, the IRBI will be scanned into ADIDIS by regional office staff. **Support Coordination will be added as a note recipient.**

**An updated IRBI is required from provider of residential services when any of the following occur:**

- **Change in a person's address**
- **Change in a person's daily schedule**
- **Change in housemate status (change in housemate staffing needs, i.e. 1:1)**
- **Change in status of housemate schedule**
- **Change in ICAP score**

If the IRBI in ADIDIS does not match current approved staffing at redetermination, an updated IRBI should be included with the individual's annual redetermination packet. The IRBI template is posted on the Department's website.

The IRBI will be reviewed, in conjunction with an individual's Person-Centered Plan (PCP), by regional office staff before a site is monitored.